

**SHORTAGE AREA**

**ATTACHMENT B**

**Please Note:** This form is to be used for locum tenens requested by a hospital due to a health professional shortage.

I hereby request that the Credentialing Division issue a letter of authority for Locum Tenens Permit to the following physician: \_\_\_\_\_

The beginning date of this service is \_\_\_\_\_  
and the ending date is \_\_\_\_\_. This is being requested due to a health care shortage in this specialty area: \_\_\_\_\_  
(specialty area)

In the county of: \_\_\_\_\_  
(name of county)

A letter of authority to practice may be issued to an applicant by the Department upon the recommendation of the Board when there is a showing of good cause of a need for a locum tenens by a hospital in a health professional shortage area.

The reason for this request is: \_\_\_\_\_

Each location of practice shall not be listed, but the primary place of practice, and the address to which the letter of authority is to be sent is as follows:

I understand that a letter of authority may be issued by your office. If I allow this physician to begin practice prior to approval to practice as a locum tenens, I and the physician practicing are in direct violation of the laws of the State of Nebraska. Sincerely,

Signature: \_\_\_\_\_  
(Hospital Administrator or CEO)

Print Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Nebraska Address: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Please submit form to: Department of Health and Human Services, Credentialing Division  
Attn: Meegan Dyrland, PO Box 94986, 301 Centennial Mall South, Lincoln, NE 68509-4986.  
Phone: 402-471-2118